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Bib Data Sheet

CONFIRMATION NO. 5876

SERIAL NUMBER 09/163,778	FILING DATE 09/30/1998	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. IAM498PA
RULE				

APPLICANTS

ALLAN LEPINE, LEWISBURG, OH;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 10/15/1998**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	DRAWING 2	CLAIMS 14	CLAIMS 3
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
P. O. BOX 2938
MINNEAPOLIS , MN
55402

TITLE

CANINE MILK SUBSTITUTE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
RECEIVED 790		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/163,778	09/30/98	426	1761	IAM498PA

APPLICANT

ALLAN LEPINE, LEWISBURG, OH.

CONTINUING DOMESTIC DATA***

VERIFIED

f.d.

371 (NAT'L STAGE) DATA***

VERIFIED

f.d.

FOREIGN APPLICATIONS***

VERIFIED

f.Q.

FOREIGN FILING LICENSE GRANTED 10/15/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING <i>23</i>	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>f.Q.</i>	Examiner's Initials _____ Initials _____				

ADDRESS

KILLWORTH GOTTMAN HAGAN & SCHAEFF
 ONE DAYTON CENTRE
 ONE SOUTH MAIN STREET SUITE 500
 DAYTON OH 45402-2023

TITLE

CANINE MILK SUBSTITUTE

FILING FEE RECEIVED \$790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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